

| United States Bankruptcy Court DISTRICT OF MASSACHUSETTS EASTERN DIVISION | | Voluntary Petition |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Debtor (if individual, enter Last, First, Middle): Clements, Eugene Leeland | | Name of Joint Debtor (Spouse) (Last, First, Middle): |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): | | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): xxx-xx-5926 | | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): |
| Street Address of Debtor (No. and Street, City, and State): 80 Russell Street Peabody, MA | | Street Address of Joint Debtor (No. and Street, City, and State): |
| | | ZIP CODE |
| County of Residence or of the Principal Place of Business: Essex | | County of Residence or of the Principal Place of Business: |
| Mailing Address of Debtor (if different from street address): | | Mailing Address of Joint Debtor (if different from street address): |
| | | ZIP CODE |
| Location of Principal Assets of Business Debtor (if different from street address above): | | ZIP CODE |
| Type of Debtor (Form of Organization) (Check one box.) | Nature of Business (Check one box.) | Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) |
| <input checked="" type="checkbox"/> Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) | <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other | <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 Nature of Debts (Check one box.) |
| Chapter 15 Debtors Country of debtor's center of main interests: | Tax-Exempt Entity (Check box, if applicable.) | <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts. |
| Each country in which a foreign proceeding by, regarding, or against debtor is pending: | <input type="checkbox"/> Debtor is a tax-exempt organization under title 26 of the United States Code (the Internal Revenue Code). | |
| Filing Fee (Check one box.) | | Check one box: Chapter 11 Debtors |
| <input checked="" type="checkbox"/> Full Filing Fee attached. <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B. | | <input type="checkbox"/> Debtor is a small business debtor as defined by 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). |
| | | Check all applicable boxes: |
| | | <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). |
| Statistical/Administrative Information | | THIS SPACE IS FOR COURT USE ONLY |
| <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. | | |
| Estimated Number of Creditors | | |
| <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000 | | |
| Estimated Assets | | |
| <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500 million to \$1 billion <input type="checkbox"/> More than \$1 billion | | |
| Estimated Liabilities | | |
| <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500 million to \$1 billion <input type="checkbox"/> More than \$1 billion | | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| Voluntary Petition (This page must be completed and filed in every case.) | | Name of Debtor(s): Eugene Leeland Clements | |
| All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.) | | | |
| Location Where Filed: None | Case Number: | Date Filed: | |
| Location Where Filed: | Case Number: | Date Filed: | |
| Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet.) | | | |
| Name of Debtor: None | Case Number: | Date Filed: | |
| District: | Relationship: | Judge: | |
| Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition. | | Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b). | |
| | | X <u>/s/ Dax Grantham</u> | 6/11/2015 |
| | | Dax Grantham | Date |
| Exhibit C | | | |
| Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? | | | |
| <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No. | | | |
| Exhibit D | | | |
| (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) | | | |
| <input checked="" type="checkbox"/> Exhibit D, completed and signed by the debtor, is attached and made a part of this petition. | | | |
| If this is a joint petition: | | | |
| <input type="checkbox"/> Exhibit D, also completed and signed by the joint debtor, is attached and made a part of this petition. | | | |
| Information Regarding the Debtor - Venue (Check any applicable box.) | | | |
| <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. | | | |
| Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) | | | |
| <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) | | | |
| (Name of landlord that obtained judgment) | | | |
| (Address of landlord) | | | |
| <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)). | | | |

Voluntary Petition*(This page must be completed and filed in every case)*Name of Debtor(s): **Eugene Leeland Clements****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Eugene Leeland Clements
Eugene Leeland Clements

X

Telephone Number (If not represented by attorney)

6/11/2015

Date

Signature of Attorney*

X /s/ Dax Grantham
Dax Grantham Bar No. **651066**

Grantham Cencarik, PC
100 Cummings Center
Suite 224-C
Beverly, MA 01915

Phone No. **(617) 497-7141** Fax No. **(617) 497-7140**

6/11/2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

In re: Eugene Leeland Clements

Case No. _____

(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

In re: **Eugene Leeland Clements**

Case No. _____

(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT***Continuation Sheet No. 1*

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.Signature of Debtor: /s/ Eugene Leeland Clements
Eugene Leeland ClementsDate: 6/11/2015

In re **Eugene Leeland Clements**

Case No. _____

(if known)

SCHEDULE A - REAL PROPERTY

| Description and Location of Property | Nature of Debtor's Interest in Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, Without Deducting Any Secured Claim or Exemption | Amount Of Secured Claim |
|---------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------|
| Primary Residence 80 Russell Street Peabody \$387,000-liquidation costs (19350) | Conventional Real Estate | H | \$367,650.00 | \$355,234.00 |
| | | | | |

Total: **\$367,650.00**

(Report also on Summary of Schedules)

In re **Eugene Leeland Clements**

Case No. _____

(if known)

SCHEDULE B - PERSONAL PROPERTY

| Type of Property | None | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| 1. Cash on hand. | | Cash | H | \$75.00 |
| 2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | X | | | |
| 3. Security deposits with public utilities, telephone companies, landlords, and others. | X | | | |
| 4. Household goods and furnishings, including audio, video and computer equipment. | | Household Furniture 80 Russell Street | J | \$4,000.00 |
| 5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles. | X | | | |
| 6. Wearing apparel. | | Personal Clothing | H | \$500.00 |
| 7. Furs and jewelry. | | Personal jewelry/watches | H | \$200.00 |
| 8. Firearms and sports, photographic, and other hobby equipment. | X | | | |
| 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | X | | | |

In re **Eugene Leeland Clements**

Case No. _____

(if known)

SCHEDULE B - PERSONAL PROPERTY*Continuation Sheet No. 1*

| Type of Property | None | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| 10. Annuities. Itemize and name each issuer. | X | | | |
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X | | | |
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | X | | | |
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize. | | Seashore R.E. Management & Development, LLC 50% beneficial owner Not operating- only asset: Eastern Bank Acct. \$11,453.00 Clements Realty Group, Inc. 490 Eastern Ave. Lynn MA Liquidation Value= Assets: \$20,500.00 less Liabilities: 15,000.00 | H | \$5,726.50 H \$5,500.00 |
| 14. Interests in partnerships or joint ventures. Itemize. | X | | | |
| 15. Government and corporate bonds and other negotiable and non-negotiable instruments. | X | | | |
| 16. Accounts receivable. | X | | | |

In re **Eugene Leeland Clements**

Case No. _____

(if known)

SCHEDULE B - PERSONAL PROPERTY*Continuation Sheet No. 2*

| Type of Property | None | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| 17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars. | X | | | |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars. | X | | | |
| 19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | X | | | |
| 20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | | |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | X | | | |
| 22. Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| 23. Licenses, franchises, and other general intangibles. Give particulars. | X | | | |

In re **Eugene Leeland Clements**

Case No. _____

(if known)

SCHEDULE B - PERSONAL PROPERTY*Continuation Sheet No. 3*

| Type of Property | None | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X | | | |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories. | X | | | |
| 26. Boats, motors, and accessories. | X | | | |
| 27. Aircraft and accessories. | X | | | |
| 28. Office equipment, furnishings, and supplies. | X | | | |
| 29. Machinery, fixtures, equipment, and supplies used in business. | X | | | |
| 30. Inventory. | X | | | |
| 31. Animals. | X | | | |
| 32. Crops - growing or harvested. Give particulars. | X | | | |
| 33. Farming equipment and implements. | X | | | |
| 34. Farm supplies, chemicals, and feed. | X | | | |

In re **Eugene Leeland Clements**

Case No. _____

(if known)

SCHEDULE B - PERSONAL PROPERTY*Continuation Sheet No. 4*

| Type of Property | None | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption |
|----------------------------------------------------------------------|------|--------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| 35. Other personal property of any kind not already listed. Itemize. | X | | | |

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

In re **Eugene Leeland Clements**

Case No. _____

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

11 U.S.C. § 522(b)(2)
 11 U.S.C. § 522(b)(3)

Check if debtor claims a homestead exemption that exceeds
\$155,675.*

| Description of Property | Specify Law Providing Each Exemption | Value of Claimed Exemption | Current Value of Property Without Deducting Exemption |
|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------|-------------------------------------------------------|
| Primary Residence 80 Russell Street Peabody \$387,000-liquidation costs (19350) | 11 U.S.C. § 522(d)(1) | \$12,416.00 | \$367,650.00 |
| Cash | 11 U.S.C. § 522(d)(5) | \$75.00 | \$75.00 |
| Household Furniture 80 Russell Street | 11 U.S.C. § 522(d)(3) | \$4,000.00 | \$4,000.00 |
| Personal Clothing | 11 U.S.C. § 522(d)(3) | \$500.00 | \$500.00 |
| Personal jewelry/watches 11 U.S.C. § 522(d)(4) | 11 U.S.C. § 522(d)(5) | \$200.00 \$0.00 | \$200.00 \$5,726.50 |
| Seashore R.E. Management & Development, LLC 50% beneficial owner | 11 U.S.C. § 522(d)(5) | \$5,726.50 | \$5,726.50 |
| Not operating- only asset: Eastern Bank Acct. \$11,453.00 | | | |
| Clements Realty Group, Inc. 490 Eastern Ave. Lynn MA | 11 U.S.C. § 522(d)(5) | \$5,500.00 | \$5,500.00 |
| Liquidation Value= Assets: \$20,500.00 less Liabilities: 15,000.00 | | | |
| * Amount subject to adjustment on 4/01/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment. | | \$28,417.50 | \$383,651.50 |

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------|----------------------------------------------------------------------|---------------------------------|
| | | | | DISPUTED | | |
| ACCT #: xxxxxxxxx6315 | | DATE INCURRED: 08/2006 NATURE OF LIEN: Conventional Real Estate Mortgage COLLATERAL: Primary Residence REMARKS: | | | \$355,234.00 | |
| Chase Po Box 24696 Columbus, OH 43224 | - | VALUE: \$367,650.00 | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Subtotal (Total of this Page) > | | | | | \$355,234.00 | \$0.00 |
| Total (Use only on last page) > | | | | | \$355,234.00 | \$0.00 |

No _____ continuation sheets attached

Subtotal (Total of this Page) >
Total (Use only on last page) >(Report also on
Summary of
Schedules.) (If applicable,
report also on
Statistical
Summary of
Certain Liabilities
and Related
Data.)

In re **Eugene Leeland Clements**

Case No. _____

(If Known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.) **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

 Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

 Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

 Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

 Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

 Deposits by individuals

Claims of individuals up to \$2,775* for deposits for the purchase, lease or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

 Taxes and Certain Other Debts Owed to Governmental Units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

 Commitments to Maintain the Capital of an Insured Depository Institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

 Claims for Death or Personal Injury While Debtor Was Intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

 Administrative allowances under 11 U.S.C. Sec. 330

Claims based on services rendered by the trustee, examiner, professional person, or attorney and by any paraprofessional person employed by such person as approved by the court and/or in accordance with 11 U.S.C. §§ 326, 328, 329 and 330.

* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|--------------------|
| | | | | | | |
| ACCT #: xxxxxxxxxxxx2173 American Express PO Box 3001 16 General Warren Blvd Malvern, PA 19355 | - | DATE INCURRED: 08/2001 CONSIDERATION: Credit Card REMARKS: | | | | \$7,310.00 |
| ACCT #: xxxxxxxxxxxx5842 Chase Po Box 15298 Wilmington, DE 19850 | - | DATE INCURRED: 08/1999 CONSIDERATION: Credit Card REMARKS: | | | | \$12,778.00 |
| ACCT #: xxxxxxxxxxxx5850 Chase Mht Bk Attn:Bankruptcy Dept PO Box 15298 Wilmington, DE 19850 | - | DATE INCURRED: 02/26/2003 CONSIDERATION: Credit Card REMARKS: | | | | \$20,787.00 |
| ACCT #: xxxxxxxxxxxx0361 Chase Receivables 1247 Broadway Sonoma, CA 95476 | - | DATE INCURRED: 02/2010 CONSIDERATION: Collection Attorney REMARKS: | | | | \$114.00 |
| ACCT #: Childrens Hospital Radiology PO Box 9132 Brookline, MA 02446 | - | DATE INCURRED: CONSIDERATION: Medical REMARKS: | | | | \$50.00 |
| ACCT #: xxx1665 Collection 231 E Main St Ste 2a Milford, MA 01757 | - | DATE INCURRED: 05/2013 CONSIDERATION: Collection Attorney REMARKS: | | | | \$505.00 |
| Subtotal > | | | | | | \$41,544.00 |
| Total > | | | | | | |
| (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | | | | | | |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------|----------|--------------------|
| | | | | | | |
| ACCT #: xxxxxxxxxxxx7622 Credit One Bank PO Box 98873 Las Vegas, NV 89193 | - | DATE INCURRED: 06/2013 CONSIDERATION: Credit Card REMARKS: | | | | \$976.00 |
| ACCT #: Donald Fagelman, MD PO Box 5090 New York, NY 10087 | - | DATE INCURRED: CONSIDERATION: Medical REMARKS: | | | | \$25.00 |
| ACCT #: Good Samaritan Hospital PO Box 5395 New York, NY 10087 | - | DATE INCURRED: CONSIDERATION: Medical REMARKS: | | | | \$1,100.00 |
| ACCT #: xxxxxxxxxxxx6559 Merrick Bk Attn: Bankruptcy P.O. Box 9201 Old Bethpage, NY 11804 | - | DATE INCURRED: 12/2012 CONSIDERATION: Credit Card REMARKS: | | | | \$938.00 |
| ACCT #: Midland Funding | - | DATE INCURRED: 2013 CONSIDERATION: Credit cards REMARKS: | | | | \$1,283.00 |
| Representing: Midland Funding | | Lustig Glaser & Wilson, P.C. PO BOX 549287 Waltham, MA 02454 | | | | Notice Only |
| Sheet no. <u>1</u> of <u>3</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | Subtotal > | | | \$4,322.00 |
| | | | Total > | | | |
| | | | (Use only on last page of the completed Schedule F.) | | | |
| | | | (Report also on Summary of Schedules and, if applicable, on the | | | |
| | | | Statistical Summary of Certain Liabilities and Related Data.) | | | |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------|----------|--------------------|
| | | | | | | |
| ACCT #: x1314 Nh Northeast Cr Svcs PO Box 746 Nashua, NH 03061 | - | DATE INCURRED: 11/2007 CONSIDERATION: Collection Attorney REMARKS: | | | | \$442.00 |
| ACCT #: North Shore Medical Center PO Box 9693 Boston, MA 02114 | - | DATE INCURRED: CONSIDERATION: Medical REMARKS: | | | | \$90.00 |
| ACCT #: Professional Billing Office NE Orthopedics Specialist PO Box 3864 Boston, MA 02241 | - | DATE INCURRED: CONSIDERATION: Medical REMARKS: | | | | \$50.00 |
| ACCT #: Quest Diagnostics PO Box 71309 Philadelphia, PA 19176 | - | DATE INCURRED: CONSIDERATION: Medical REMARKS: | | | | \$30.00 |
| ACCT #: xxxxxxxxxxxx6621 Suntrust Bk Attn: Bankruptcy Dept PO Box 85092 MC VA-WMRK-7952 Richmond, VA 23286 | - | DATE INCURRED: 02/2007 CONSIDERATION: Credit Card REMARKS: | | | | \$13,741.00 |
| ACCT #: Verizon 455 Duke Drive Franklin, TN 37067 | - | DATE INCURRED: CONSIDERATION: REMARKS: | | | | \$555.00 |
| Sheet no. <u>2</u> of <u>3</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | Subtotal > | | | \$14,908.00 |
| | | | Total > | | | |
| | | | (Use only on last page of the completed Schedule F.) | | | |
| | | | (Report also on Summary of Schedules and, if applicable, on the | | | |
| | | | Statistical Summary of Certain Liabilities and Related Data.) | | | |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | AMOUNT OF CLAIM | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------|--------------------|----------------|
| | | | CONTINGENT | UNLIQUIDATED | DISPUTED |
| ACCT #: Waterfront Capital, LLC c/o Schreiber/Cohen, LLC Suite A102 53 Stiles road Salem, NH 03079 | - | DATE INCURRED: CONSIDERATION: REMARKS: | | | Unknown |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Sheet no. <u>3</u> of <u>3</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | Subtotal > | \$0.00 | |
| (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | | | Total > | \$60,774.00 | |

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT. | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | |

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|------------------------------------------------------------------|------------------------------|
| Clements, Marie 80 Russell Street Peabody, MA 01960 | |

Debtor 1 Eugene Leeland Clements Case number (if known) _____

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------|
| Copy line 4 here ➔ | 4. \$1,200.00 | \$5,193.76 |
| 5. List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$99.95 | \$1,159.64 |
| 5b. Mandatory contributions for retirement plans | 5b. \$0.00 | \$0.00 |
| 5c. Voluntary contributions for retirement plans | 5c. \$500.00 | \$0.00 |
| 5d. Required repayments of retirement fund loans | 5d. \$0.00 | \$0.00 |
| 5e. Insurance | 5e. \$0.00 | \$339.43 |
| 5f. Domestic support obligations | 5f. \$0.00 | \$0.00 |
| 5g. Union dues | 5g. \$0.00 | \$0.00 |
| 5h. Other deductions. Specify: _____ | 5h. + \$0.00 | \$0.00 |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. | 6. \$599.95 | \$1,499.07 |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. \$600.05 | \$3,694.69 |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. \$1,103.25 | \$0.00 |
| 8b. Interest and dividends | 8b. \$0.00 | \$0.00 |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. \$0.00 | \$0.00 |
| 8d. Unemployment compensation | 8d. \$0.00 | \$0.00 |
| 8e. Social Security | 8e. \$0.00 | \$0.00 |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____ | 8f. \$0.00 | \$0.00 |
| 8g. Pension or retirement income | 8g. \$0.00 | \$0.00 |
| 8h. Other monthly income. Specify: _____ | 8h. + \$0.00 | \$0.00 |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | 9. \$1,103.25 | \$0.00 |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$1,703.30 | + \$3,694.69 = \$5,397.99 |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. | 11. + \$0.00 | |
| Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. | | |
| Specify: _____ | 11. + \$0.00 | |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies. | 12. \$5,397.99 | |
| Combined monthly income | | |
| 13. Do you expect an increase or decrease within the year after you file this form? | | |
| <input checked="" type="checkbox"/> No. None. | | |
| <input type="checkbox"/> Yes. Explain: | | |

Debtor 1 Eugene
First NameLeeland
Middle NameDocument Clements
Last Name

Page 23 of 44

Case number (if known) _____

8a. Attached Statement (Debtor 1)

Clements Realty Group, Inc.

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:

1. Gross Income for 12 Months Prior to Filing: **\$0.00**

PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

2. Gross Monthly Income: **\$28,745.50**

PART C - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES:

3. Net Employee Payroll (Other Than Debtor): **\$4,427.50**4. Payroll Taxes: **\$0.00**5. Unemployment Taxes: **\$0.00**6. Worker's Compensation: **\$0.00**7. Other Taxes: **\$361.00**8. Inventory Purchases (including raw materials): **\$0.00**9. Purchase of Feed/Fertilizer/Seed/Spray: **\$0.00**10. Rent (other than debtor's principal residence): **\$2,183.50**11. Utilities: **\$659.25**12. Office Expenses and Supplies: **\$181.25**13. Repairs and Maintenance: **\$11,948.00**14. Vehicle Expenses: **\$2,489.50**15. Travel and Entertainment: **\$1,155.00**16. Equipment Rental and Leases: **\$0.00**17. Legal/Accounting/Other Professional Fees: **\$157.25**18. Insurance: **\$212.00**19. Employee Benefits (e.g., pension, medical, etc.): **\$766.50**20. Payments to be Made Directly by Debtor to Secured Creditors for
Pre-Petition Business Debts (Specify):**capital one** **\$253.00****home depot** **\$316.00**

21. Other (Specify):

advertising **\$2,037.50****commuications** **\$495.00**22. Total Monthly Expenses (Add items 3 - 21) **\$27,642.25**

PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 2): **\$1,103.25**

Fill in this information to identify your case:

| | | | |
|--------------------------------------------------------------------------|-----------------------------|-------------------------------|------------------------------|
| Debtor 1 | Eugene First Name | Leeland Middle Name | Clements Last Name |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS | | | |
| Case number (if known) | | | |

Check if this is:

An amended filing
 A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

No

Yes. Fill out this information for each dependent.....

| Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
|--------------------------------------------------|-----------------|------------------------------------------------------------------------|
| <u>Daughter</u> | | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| <u>Daughter</u> | | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| | | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | | <input type="checkbox"/> No <input type="checkbox"/> Yes |

3. Do your expenses include expenses of people other than yourself and your dependents?

No
 Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)

4. The rental or home ownership expenses for your residence.

Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues

| | <u>Your expenses</u> |
|-----|----------------------|
| 4. | <u>\$2,311.28</u> |
| 4a. | _____ |
| 4b. | _____ |
| 4c. | <u>\$155.00</u> |
| 4d. | _____ |

Debtor 1 Eugene Leeland Clements Document Case number (if known) _____
 First Name Middle Name Last Name

Your expenses

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 5. Additional mortgage payments for your residence, such as home equity loans | 5. _____ |
| 6. Utilities: | |
| 6a. Electricity, heat, natural gas | 6a. <u>\$290.00</u> |
| 6b. Water, sewer, garbage collection | 6b. <u>\$125.00</u> |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. <u>\$285.00</u> |
| 6d. Other. Specify: _____ | 6d. _____ |
| 7. Food and housekeeping supplies | (See continuation sheet(s) for details) 7. <u>\$880.00</u> |
| 8. Childcare and children's education costs | 8. <u>\$300.00</u> |
| 9. Clothing, laundry, and dry cleaning | 9. <u>\$250.00</u> |
| 10. Personal care products and services | 10. <u>\$75.00</u> |
| 11. Medical and dental expenses | 11. <u>\$225.00</u> |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. <u>\$275.00</u> |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. <u>\$125.00</u> |
| 14. Charitable contributions and religious donations | 14. <u>\$75.00</u> |
| 15. Insurance. | |
| Do not include insurance deducted from your pay or included in lines 4 or 20. | |
| 15a. Life insurance | 15a. _____ |
| 15b. Health insurance | 15b. _____ |
| 15c. Vehicle insurance | 15c. _____ |
| 15d. Other insurance. Specify: _____ | 15d. _____ |
| 16. Taxes. | Do not include taxes deducted from your pay or included in lines 4 or 20. |
| Specify: _____ 16. _____ | |
| 17. Installment or lease payments: | |
| 17a. Car payments for Vehicle 1 | 17a. _____ |
| 17b. Car payments for Vehicle 2 | 17b. _____ |
| 17c. Other. Specify: _____ | 17c. _____ |
| 17d. Other. Specify: _____ | 17d. _____ |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6i). | 18. _____ |
| 19. Other payments you make to support others who do not live with you. | |
| Specify: _____ 19. _____ | |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | |
| 20a. Mortgages on other property | 20a. _____ |
| 20b. Real estate taxes | 20b. _____ |
| 20c. Property, homeowner's, or renter's insurance | 20c. _____ |
| 20d. Maintenance, repair, and upkeep expenses | 20d. _____ |
| 20e. Homeowner's association or condominium dues | 20e. _____ |

Debtor 1 Eugene Leeland Clements Document Case number (if known) _____
First Name Middle Name Last Name

21. Other. Specify: _____ 21. + _____

22. Your monthly expenses. Add lines 4 through 21.
The result is your monthly expenses. 22. \$5,371.28

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$5,397.99

23b. Copy your monthly expenses from line 22 above. 23b. \$5,371.28

23c. Subtract your monthly expenses from your monthly income.
The result is your monthly net income. 23c. \$26.71

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes. Explain here:
None.

Debtor 1 Eugene First Name Leeland Middle Name Clements Last Name

Document Page 27 of 44

Case number (if known) _____

7. Food and housekeeping supplies (details):

| | |
|---------------------------|-----------------|
| Food | \$800.00 |
| Household supplies | \$80.00 |
| Total: | \$880.00 |

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MASSACHUSETTS
EASTERN DIVISION**

In re **Eugene Leeland Clements**

Case No.

Chapter **7**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NO. OF SHEETS | ASSETS | LIABILITIES | OTHER |
|---------------------------------------------------------------------------------------|----------------------|------------------|--------------|--------------|------------|
| A - Real Property | Yes | 1 | \$367,650.00 | | |
| B - Personal Property | Yes | 5 | \$16,001.50 | | |
| C - Property Claimed as Exempt | Yes | 1 | | | |
| D - Creditors Holding Secured Claims | Yes | 1 | | \$355,234.00 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 1 | | \$0.00 | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 4 | | \$60,774.00 | |
| G - Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | Yes | 3 | | | \$5,397.99 |
| J - Current Expenditures of Individual Debtor(s) | Yes | 4 | | | \$5,371.28 |
| TOTAL | | 22 | \$383,651.50 | \$416,008.00 | |

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MASSACHUSETTS
EASTERN DIVISION**

In re **Eugene Leeland Clements**

Case No.

Chapter **7**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---------------------------------------------------------------------------------------------------------------------|---------------|
| Domestic Support Obligations (from Schedule E) | \$0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | \$0.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$0.00 |
| Student Loan Obligations (from Schedule F) | \$0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | \$0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | \$0.00 |
| TOTAL | \$0.00 |

State the following:

| | |
|------------------------------------------------------------------------------------------------|-------------------|
| Average Income (from Schedule I, Line 12) | \$5,397.99 |
| Average Expenses (from Schedule J, Line 22) | \$5,371.28 |
| Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14) | \$6,631.63 |

State the following:

| | | |
|----------------------------------------------------------------------------|---------------|--------------------|
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | \$0.00 |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column. | \$0.00 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | \$0.00 |
| 4. Total from Schedule F | | \$60,774.00 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | \$60,774.00 |

DECLARATION CONCERNING DEBTOR'S SCHEDULES
DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date 6/11/2015

Signature /s/ Eugene Leeland Clements
Eugene Leeland Clements

Date _____

Signature _____

[If joint case, both spouses must sign.]

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MASSACHUSETTS
EASTERN DIVISION

In re: **Eugene Leeland Clements**

Case No. _____

(if known)

STATEMENT OF FINANCIAL AFFAIRS

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the TWO YEARS immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT | SOURCE |
|--------|-----------------------------------------------|
| 26,985 | 2015 YTD |
| 60,000 | 2014 (estimated...awaiting copies of returns) |
| 61,538 | 2013 |

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the TWO YEARS immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 DAYS immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 DAYS immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None

c. All debtors: List all payments made within ONE YEAR immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within ONE YEAR immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| CAPTION OF SUIT AND CASE NUMBER | NATURE OF PROCEEDING | COURT OR AGENCY AND LOCATION | STATUS OR DISPOSITION |
|--------------------------------------------------|----------------------|---------------------------------|--------------------------|
| Midland Funding v. Eugene Clements 1586SC0124 | Collection | Peabody District Court | judgment for plaintiff |

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MASSACHUSETTS
EASTERN DIVISION

In re: **Eugene Leeland Clements**

Case No. _____

(if known)

STATEMENT OF FINANCIAL AFFAIRS*Continuation Sheet No. 1*

**Waterfront Capital LLC v.
 Clements
 2013-1168**

Collection**Essex Superior,
 Newburyport****judgment plaintiff**

None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

None a. Describe any assignment of property for the benefit of creditors made within 120 DAYS immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None List all gifts or charitable contributions made within ONE YEAR immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None List all losses from fire, theft, other casualty or gambling within ONE YEAR immediately preceding the commencement of this case OR SINCE THE COMMENCEMENT OF THIS CASE. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within ONE YEAR immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE
 Grantham Cencarik, PC
 100 Cummings Center
 Suite 224-C
 Beverly, MA 01915

| DATE OF PAYMENT, | NAME OF PAYER IF OTHER THAN DEBTOR | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY |
|------------------|---------------------------------------|---------------------------------------------------------|
| 03/16/2015 | | \$2,100.00 |

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MASSACHUSETTS
EASTERN DIVISION

In re: **Eugene Leeland Clements**

Case No. _____

(if known)

STATEMENT OF FINANCIAL AFFAIRS*Continuation Sheet No. 2***10. Other transfers**

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within TWO YEARS immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None

b. List all property transferred by the debtor within TEN YEARS immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within ONE YEAR immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 DAYS preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

| NAME AND ADDRESS OF OWNER | | DESCRIPTION AND VALUE OF PROPERTY | LOCATION OF PROPERTY |
|---------------------------|--|--------------------------------------------------------------------------------------------|----------------------|
| Julia Clements (minor) | | Bank Account - \$170.00 | Citizens Bank |
| Lindsay Clements | | 529 Education Plan \$7,691 Amount contributed more than 365 days prior to filing. | CollegeBoundfund |

15. Prior address of debtor

None

If the debtor has moved within THREE YEARS immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within EIGHT YEARS immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MASSACHUSETTS
EASTERN DIVISION

In re: **Eugene Leeland Clements**

Case No. _____

(if known)

STATEMENT OF FINANCIAL AFFAIRS*Continuation Sheet No. 3***17. Environmental Information**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or
 potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material.
 Indicate the governmental unit to which the notice was sent and the date of the notice.

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within SIX YEARS immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within SIX YEARS immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within SIX YEARS immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within SIX YEARS immediately preceding the commencement of this case.

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MASSACHUSETTS
EASTERN DIVISION

In re: **Eugene Leeland Clements**

Case No. _____

(if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 4

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 6/11/2015Signature /s/ Eugene Leeland Clements
of Debtor Eugene Leeland Clements

Date _____

Signature _____
of Joint Debtor
(if any)

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both.

18 U.S.C. §§ 152 and 3571

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MASSACHUSETTS
EASTERN DIVISION**

IN RE: **Eugene Leeland Clements**

CASE NO

CHAPTER **7**

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A -- Debts secured by property of the estate. (Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--|
| Property No. 1 | | |
| Creditor's Name: Chase Po Box 24696 Columbus, OH 43224 xxxxxxxxx6315 | Describe Property Securing Debt: Primary Residence | |
| <p>Property will be (check one):</p> <p><input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained</p> <p>If retaining the property, I intend to (check at least one):</p> <p><input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)): Debtor will continue making payments to creditor without reaffirming.</p> | | |
| <p>Property is (check one):</p> <p><input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt</p> | | |

PART B -- Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

| | | |
|-------------------------------|----------------------------------|-------------------------------------------------------------|
| Property No. 1 | | |
| Lessor's Name: None | Describe Leased Property: | Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): |
| | | YES <input type="checkbox"/> NO <input type="checkbox"/> |

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date 6/11/2015Signature /s/ Eugene Leeland Clements
Eugene Leeland Clements

Date _____

Signature _____

Document Page 37 of 44
UNITED STATES BANKRUPTCY COURT
DISTRICT OF MASSACHUSETTS
EASTERN DIVISION

IN RE: **Eugene Leeland Clements**

CASE NO

CHAPTER 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

| | |
|--------------------------------------------------------|--------------------------|
| For legal services, I have agreed to accept: | <u>\$2,100.00</u> |
| Prior to the filing of this statement I have received: | <u>\$2,100.00</u> |
| Balance Due: | <u>\$0.00</u> |

2. The source of the compensation paid to me was:

Debtor Other (specify)

3. The source of compensation to be paid to me is:

Debtor Other (specify)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

6/11/2015

Date

/s/ Dax Grantham

Dax Grantham
Grantham Cencarik, PC
100 Cummings Center
Suite 224-C
Beverly, MA 01915
Phone: (617) 497-7141 / Fax: (617) 497-7140

Bar No. 651066

/s/ Eugene Leeland Clements**Eugene Leeland Clements**

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MASSACHUSETTS
EASTERN DIVISION**

IN RE: **Eugene Leeland Clements**

CASE NO

CHAPTER **7**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 6/11/2015

Signature */s/ Eugene Leeland Clements*
Eugene Leeland Clements

Date _____

Signature _____

American Express
PO Box 3001
16 General Warren Blvd
Malvern, PA 19355

Chase
Po Box 24696
Columbus, OH 43224

Chase
Po Box 15298
Wilmington, DE 19850

Chase Mht Bk
Attn:Bankruptcy Dept
PO Box 15298
Wilmington, DE 19850

Chase Receivables
1247 Broadway
Sonoma, CA 95476

Childrens Hospital Radiology
PO Box 9132
Brookline, MA 02446

Collection
231 E Main St Ste 2a
Milford, MA 01757

Credit One Bank
PO Box 98873
Las Vegas, NV 89193

Donald Fagelman, MD
PO Box 5090
New York, NY 10087

Good Samaritan Hospital
PO Box 5395
New York, NY 10087

Lustig Glaser & Wilson, P.C.
PO BOX 549287
Waltham, MA 02454

Massachusetts Department of Revenue
Bankruptcy Unit
PO Box 9564
Boston, MA 02114

Merrick Bk
Attn: Bankruptcy
P.O. Box 9201
Old Bethpage, NY 11804

Midland Funding

Nh Northeast Cr Svcs
PO Box 746
Nashua, NH 03061

North Shore Medical Center
PO Box 9693
Boston, MA 02114

Professional Billing Office
NE Orthopedics Specialist
PO Box 3864
Boston, MA 02241

Quest Diagnostics
PO Box 71309
Philadelphia, PA 19176

Suntrust Bk
Attn: Bankruptcy Dept
PO Box 85092 MC VA-WMRK-7952
Richmond, VA 23286

Verizon
455 Duke Drive
Franklin, TN 37067

Waterfront Capital, LLC
c/o Schreiber/Cohen, LLC
Suite A102
53 Stiles road
Salem, NH 03079

Fill in this information to identify your case:

| | | | |
|--------------------------------------------------------------------------|---------------|----------------|-----------------|
| Debtor 1 | Eugene | Leeland | Clements |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS | | | |
| Case number (if known) | | | |

Check one box only as directed in this form and in Form 22A-1Supp:

1. There is no presumption of abuse.

2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 22A-2).

3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

Official Form 22A-1

Chapter 7 Statement of Your Current Monthly Income

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file the Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 22A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

Married and your spouse is NOT filing with you. You and your spouse are:

Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------------------|
| 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). | \$1,200.00 | \$4,328.13 |
| 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. | \$0.00 | \$0.00 |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. | \$0.00 | \$0.00 |

Debtor 1 Eugene Leeland Clements Document Name _____ Case number (if known) _____

Column A
Debtor 1

Column B
Debtor 2 or
non-filing spouse

5. Net income from operating a business, profession, or farm

| | | |
|---------------------------------------------------------|----------------------|--------------------------------------|
| Gross receipts (before all deductions) | <u>\$28,745.50</u> | |
| Ordinary and necessary operating expenses | <u>— \$27,642.00</u> | |
| Net monthly income from a business, profession, or farm | <u>\$1,103.50</u> | Copy here → \$1,103.50 \$0.00 |

6. Net income from rental and other real property

| | | |
|-------------------------------------------------------|-----------------|----------------------------------|
| Gross receipts (before all deductions) | <u>\$0.00</u> | |
| Ordinary and necessary operating expenses | <u>— \$0.00</u> | |
| Net monthly income from rental or other real property | <u>\$0.00</u> | Copy here → \$0.00 \$0.00 |

7. Interest, dividends, and royalties

\$0.00 \$0.00

8. Unemployment compensation

\$0.00 \$0.00

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: ↓

| | |
|----------------------|---------------|
| For you..... | <u>\$0.00</u> |
| For your spouse..... | <u>\$0.00</u> |

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.

\$0.00 \$0.00

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c.

10a. _____

10b. _____

10c. Total amounts from separate pages, if any.

+ _____ + _____

11. Calculate your total current monthly income.

Add lines 2 through 10 for each column.

Then add the total for Column A to the total for Column B.

| | | |
|-------------------|---------------------|---------------------|
| <u>\$2,303.50</u> | <u>+ \$4,328.13</u> | <u>= \$6,631.63</u> |
|-------------------|---------------------|---------------------|

Total current monthly income

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11.....**Copy line 11 here → 12a. \$6,631.63**

Multiply by 12 (the number of months in a year).

X 12

12b. The result is your annual income for this part of the form.

12b. \$79,579.56

Debtor 1 Eugene Document Clements Page 44 of 44 Case number (if known) _____

First Name Middle Name Last Name

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

Massachusetts

Fill in the number of people in your household.

4

Fill in the median family income for your state and size of household..... 13.

\$108,545.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse*.
Go to Part 3.

14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 22A-2*.
Go to Part 3 and fill out Form 22A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Eugene Leeland Clements
Eugene Leeland Clements

X _____
Signature of Debtor 2

Date 6/11/2015
MM / DD / YYYY

Date _____
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 22A-2.

If you checked line 14b, fill out Form 22A-2 and file it with this form.